

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049050

Registration District No. 290 Primary Registration District No. 4430 Registrar's No. 172

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED JAN 2 1964

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crocker		c. CITY OR TOWN Crocker	
Length of stay in 1b 15 year		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Thomas Miller		4. DATE OF DEATH Month Day Year Dec 12 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 4, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Miller County Mo
13a. FATHER'S NAME S B Miller		13b. MOTHER'S MAIDEN NAME Amanda Madden	14. NAME OF HUSBAND OR WIFE Ora Mae Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Ora Mae Miller Crocker Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Spontaneous Atherosclerosis		Yes.	
DUE TO (c) Diabetic Insulin		Yes.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive heart failure		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1960 to Dec 12 1963 and last saw him alive on Dec 8, 1963 Death occurred at 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. A. Gould DO		22b. ADDRESS Iberia, Missouri	
22c. DATE SIGNED 12-18-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-18-1963		23c. NAME OF CEMETERY OR CREMATORY Madden Cemetery	
23d. LOCATION (City, town, or county) Miller County Missouri		24. FUNERAL DIRECTOR Moss-Williams Crocker Missouri	
25. DATE RECD. BY LOCAL REG. 12-18-63		26. REGISTRAR'S SIGNATURE Curtis Mae Anderson	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

1850

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Doyle

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

X

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.